

**Executive Office of Elder Affairs
Assisted Living Residence
FACILITY-WIDE Incident Report Form**

This form must be submitted via fax: 617-727-9368 or email: ALRincidentreport@state.ma.us

Name of Residence: _____ Location: _____

Contact person: _____

Phone number: _____

Date incident began or was identified: _____

Time incident began or was identified: _____

Date report was submitted in writing to Elder Affairs: _____

The number of residents displaced: _____ Total occupancy at time of emergency: _____

List of residents via unique identifiers (do not use names or room numbers): _____

The number of GAFC residents displaced: _____

Number of units rendered unusable: _____

Location or unit numbers of units rendered unusable: _____

Anticipated length of time before residents may return to their units: _____

Other agencies contacted, if any: _____

Nature of the emergency: _____

Temporary living and personal care service provision arrangements for all dislocated residents:

Other remedial actions taken: _____

Please attach additional pages or supplemental documents as needed.